Table: Compariso	on of Paid Family Leav	e Plans in Sever	n States					JFO/jm; March 14, 2017
			Ongoing program	ns			Enacted, not yet effective	
		California	New Jersey	Rhode Island	New York	Washington	Washington, DC	Vermont (proposed)
Status	Enacted	2002	2008	2013	2016	2017	2017	
	Effective	2004	2009	2014	2018	Jan. 2020	July 2020	July 1, 2017;
								Tax begins July 1, 2018;
								Ben's begin July 1, 2019
Reasons and Duration (wks)	Family care	6	6	4	8 in 2018, 10 in 2019,	12	6	6
	Birth, adoption, foster	6	6	4	and 12 in 2021	12 (14 preg)	8	6
	Own disability (year							
	established TDI*)	52 (1946)	26 (1948)	30 (1942)	26 (1949)	12	2	
						Max 16 wks	6 family care leave;	Max 6 wks in 12 mos;
	Maximum, if any			Max combined=30		combined; (18 if	8 parental leave;	Max 12 wks if employer
						preg)	2 own health	+ family leave
	Child	Х	Х	Х	Х	Newborns only	Х	X
	Parent	Х	Х	Х	Х	·	Х	Х
	Spouse	Х	Х	Х	Х		Х	Х
Definition of	Domestic partner	Х	X, civ unn partner	Х	Х		Х	Х
Family Member	Grandparent	Х		Х	Х		Х	Х
	Grandchild	Х			Х			If primary caregiver
	Sibling	Х					Х	X
	Parent-in-law	Х						Х
Eligibility		¢200 i.e	>= 20 weeks covered in NJ with >= \$168/wk	Covered employment in RI	Family care: With current employer at	Worked 4 out of 5 previous quarters	Worked at least	Employed in Vermont
		\$300 in wages in base period		of at least \$11,520	least 26 consecutive		50% time with DC	for at least 12 of the
		base period			weeks		employer	previous 13 months
				in base year OR earned at least	weeks			
			OP carned at least	\$1,920 in a quarter	Own care: With current	AND at least 680	AND in covered	
			\$8,400 in base	and \$3,840 or more	employer at least 4	hours in base year	employment for at	
			year	in base year	consecutive weeks	nours in base year	least 52 weeks	
			0.1% to 0.75% on	iii base yeai	consecutive weeks			
Funding	Employer pays		1st \$32,600		0.5% up to \$0.60/wk		0.62%	optional
	Employee pays	0.90%	0.28% on 1st \$32,600	1.2% on 1st \$66,300	0.5% up to \$0.60/wk; all family care costs	0.4% taxable wgs (year 1)		0.141% up to \$150,000
Benefit amount		60% or 70%		4.62% of qtrly	Fam care: 50% avg wkly wage, not to exceed	90% of AWW if earn <= 50% of statewide	If < 150% of DC min wg * 40, 90 %; If	The lesser of 80% of
					50% of state AWW; for	AWW; if more, 90%	>150% of DC min wg	own avg wkly wage or
	Per week	own wages**	66% own wages	wages (about 60 %	own disability, 50 % own			twice the livable wage
				of avg wkly wages)	weekly wage, max	AWW, 50% of	wg * 40 + 50% of	if 40 hrs/wk (\$1,042.40
					\$170/wk***	excess	own excess wkly wg	in 2016)
	Maximum	\$1,216/wk	\$681/wk	\$831/wk	· · ·	\$1,000/wk^	\$1,000/wk	\$1,042.40/wk
	IVIUATITUITI	ΫΙ,ΖΙΟ/ W N	λοοτ\ wv	AO2T/ MV		γ±,000/ W K	71,000/WK	71,042.40/WK

Table, continued		California	New Jersey	Rhode Island	New York	Washington	Washington, DC	Vermont (proposed)	
Employer type	Private	All	All if UE Comp	All	Most	All	All in UE Comp	AII	
	Public	Some	All if UE Comp	Some	Some	All	Not	All	
	Self-employed	Opt in	All if UE Comp		Opt in	Opt in	Opt in		
Waiting period		None	7 days (paid if receive benefits for >= 3 wks)	None; must be out of work for 7 days	Family care: none; Out of work 7 consec. days	1 week, but none for bonding care	1 week, only once per year	Notice to employer as soon as practicable	
	Disability Insurance for			artorly wago 70% of	worker's weekly wage; if	quarterly earnings >=	1/2 of state average	quartorly wago	
**CA beginning in 2018: If quarterly earnings >= \$929 but < 1/3 state average quarterly wage, 70% of worker's weekly wage; if quarterly earnings >= 1/3 of state average quarterly wage, the weekly benefit rate will be the maximum of 23.3% of state average weekly wage or 60% of the worker's weekly wage; if quarterly earnings <\$929, weekly benefit = \$50;									
the maximum benefit is adjusted annually based on the statewide average weekly wage									
***New York benefit rate rises to 55% of the worker's weekly wage up to 55% of the state AWW; in 2020, 60%; and in 2021, 67% (increases subject to delay);									
for disability be	enefit, if imployee earr	ns < \$20 per week,	the benefit is their	full average weekly v	vage				
↑ WA will adjust ar	nually the maximum w	veekly benefit to 9	90% of the statewid	e AWW					
For more detail, se	e http://www.nationa	lpartnership.org/r	esearch-library/wo	rk-family/paid-leave/	state-paid-family-leave-l	laws.pdf			
								jfo/JM; March 14, 2018	